

Application for Electronic Video Gaming

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

Approved By _____

Date: ____

☐ Manufacturer ☐ Distributor ☐ RENEWAL	APF	PLICATION FOR:		State License Number -	License Year 20	
Please type or print information: Company Doing Business As: Telephone Number of Company Physical Address (Street, City, State, Zip Code) Parish / County Physical Address (Street, City, State, Zip Code) Parish / County Contact Person Title/Position Held Contact Email Address	☐ Manufacturer ☐ Distributor				☐ ORIGINAL APPLICATION	
Official Name of Company Company Federal Tax ID Number Company Doing Business As: Telephone Number of Company Physical Address (Street, City, State, Zip Code) Parish / County Official Mailing Address of Company (Street, City, State, Zip Code) Fax Number of Company Contact Person Title/Position Held Contact Email Address Mailing Address of Contact Person (Street, City, State, Zip Code) Office Phone of Contact Person Home Phone of Contact Person Physical Address of Gaming Supplies The following information will be considered part of the application and must accompany this application. All information must be filled out completely. Any omission or illegible information will cause delay in approval. Distributors must be domicilled and reside in the State of Louisiana. Changes have been made to device lease agreement. Yes No If yes, submit current signed lease agreement of electronic video gaming devices. Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable. (New Applicants only) Complete "Company's egistration with the Louisiana Secretary of State, if applicable. (New Applicants only) Complete "Company's Officials Information Sheet" (page 2) Complete "Company's Officials Information Sheet" (page 2) Include "Statement of Assets and Liabilities" and "Personal History Record" (every 3 yrs. for Renewals). If no company tax return has be filed, the most recent Leopy of Personal Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has be filed, the most recent Leopy of Personal Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has be filed, the most recent Leopy of Personal Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has be filed, the most recent Leopy of Personal Income Tax Return for the company (every 3 yrs. for Renewals). If no company tax return has be filed, the most recent Leopy of Personal Income Tax Return for the company (every 3 yrs. for Renewals). If no					☐ RENEWAL	
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The legally responsible person must sign application in the presence of a notary public. I have read this application, and the contents thereof, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:I.1701 et seq.	I have	re read this application, and the contents thereof, best of my knowledge. In addition, I have read, un	and do hereby certify that the standerstand, and agree to comply w	tatements and information contained with with the statutes which govern charitable		
Print Name of Authorized Representative Position Signature of authorized representative Date (must match notary date)	Prin	nt Name of Authorized Representative	Position	Signature of authorized representative	Date (must match notary date)	
Sworn to and subscribed before me this Day of,	Sw	orn to and subscribed before me th	_ nis D	Day of		
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NOTARY PUBLIC	ARY PUBLIC					
Do not write below this line. For office use only.			Do not write below this	line. For office use only.		

___ DENIED

Date Entered: _____ Date APPROVED

Receipt Number: C-_____ Initials: ___